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# The Medical Malpractice Closed Claims Study

Conducted by the National Association of Insurance Commissioners

## EXECUTIVE SUMMARY

By  
M. PATRICIA SOWKA



**ABSTRACT**—The NAIC “Closed Claims Study,” just published in October, 1980, is a statistical analysis of over 71,000 malpractice insurance claims nationwide, the most extensive to date. The Executive Summary published here condenses 546 pages of data and findings into layman’s language, documenting trends in the frequency and cost of such claims for various medical specialties, procedures, and injuries.

More importantly, these findings can point to priorities for action by hospital medical staffs and by individual physicians to prevent avoidable mal-occurrences and their frequent consequences: patient injury, litigation, and heavy costs to all concerned. According to the study, the impact of such incidents on patients range from irksome to utterly tragic, and the impact on the involved physician from vindictory to totally catastrophic. Measured in dollar indemnity, this impact is growing prodigiously, at a 30% annual rate.

Last month, the CSMS embarked upon the implementation phase of its new Patient Injury Prevention Program, in hopes of triggering innovative prevention activities through a network of Liaison Officers in each hospital and specialty section who will periodically receive “sterilized” clinical summaries of actual cases from the files of the Aetna, longtime insurer for most CSMS physicians. In addition to this NAIC study, CSMS program leaders will also have the benefit of a Connecticut Closed Claims Study, completed by the Aetna last month, along with an Open Claims Study to become available shortly.

Meanwhile, we express appreciation for NAIC’s permission to publish this Executive Summary, originally prepared for the NAIC Executive Committee, and provided to the attendees of the November meeting of the Council of Medical Specialty Societies.

Robert J. Brunell, CSMS Staff

In 1974-1975, various factors combined to precipitate an availability crisis in the medical malpractice

insurance market. In June 1975, the NAIC adopted a new statistical program for medical malpractice and initiated the collection of comprehensive data on closed claims as a necessary first step in identifying and solving the elements of this problem. The NAIC data base includes information from the claim files of 128 insurers which had written medical malpractice premiums of \$1,000,000 or more in any year since 1970, and consists of 71,782 claims closed between July 1975 and December 1978.

During the 3½ years covered by the study, indemnity\* paid on medical malpractice claims by all insurers

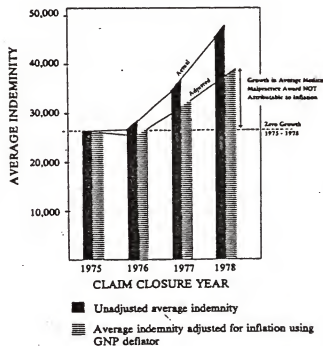
\*Indemnity: total dollar losses paid by insurance companies under the terms of their policies.

M. PATRICIA SOWKA is a Research Associate on the staff of the National Association of Insurance Commissioners (NAIC), which is a voluntary, unincorporated association of the 54 sovereign states and jurisdictions of the United States of America formed in 1871 to promote effective state regulation of the insurance business. Its function has been primarily to encourage uniformity in legislation affecting insurance, to collect statistical and other information regarding insurers and the business transacted by them, and to protect the interests of insurance policyholders. Mrs. Sowka was Project Director for the NAIC Closed Claims Study and Editor of the study report, NAIC Malpractice Claims. Copies of the complete 36-page NAIC study publication may be obtained for \$200 each from the NAIC Executive Secretary’s Office, 350 Bishops Way, Brookfield, Wisconsin 53005 (414/784-9540).

reporting to the NAIC totalled \$876 million, of which 39% was paid in 1978, the final study year. Between 1975 and 1978, the average award per injury increased 70% from \$26,565 to \$45,187, with inflation accounting for 28% of the increase (Exhibit 1). In each of the last two study years, average indemnity rose 30% over the previous year. If 1978 total medical malpractice losses are projected at this 30% growth rate, they approach \$1 billion annually in only a few years.

EXHIBIT 1

INCREASE IN AVERAGE AWARD



A major factor contributing to the growth of indemnity was the increase in large settlements or judgments. Indemnity payments of \$50,000 or more increased as a percentage of all reported incidents from 1.3% in 1975 to 20% in 1978. In 1975, only 5 awards of \$1,000,000 or more were reported (1 per 1,000 paid claims); in 1978, 23 such awards were reported (3 per 1,000 paid claims).

The average defense cost and other allocated expense associated with each incident increased 73% over the study period and expense costs increased disproportionately on larger claims. The percentage of claims closed without any reported expense decreased.

Analysis by severity of injuries resulting in indemnity payments showed that temporary injuries accounted for 54% of all paid claims and 15% of total indemnity for all study years. Permanent injuries accounted for 26% of all claims and 57% of indemnity, and deaths accounted for 16% of claims and 27% of indemnity. The number of claims and dollars paid for emotional injuries and solely legal issues were relatively insignificant.

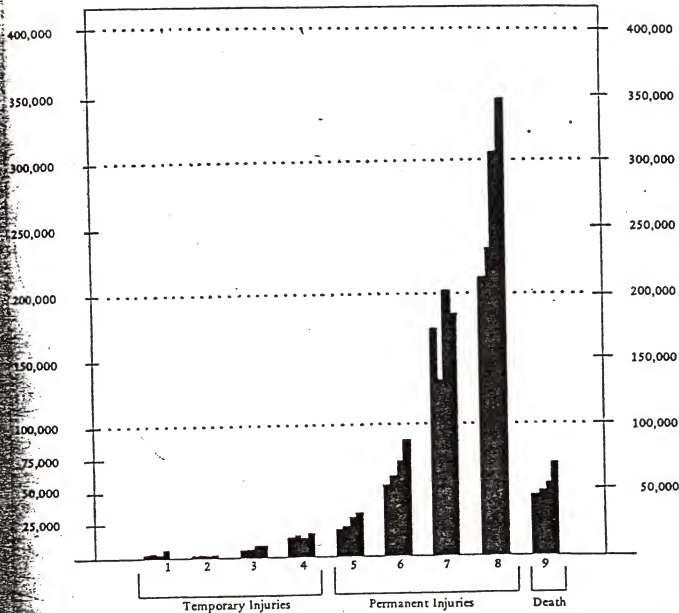
Permanent injuries, particularly grave injuries—those involving cardiac arrest, quadriplegia or severe brain damage and often resulting from anesthesia accidents, patient monitoring problems or birth injuries—showed the greatest increase in average indemnities between 1975 and 1978. The average indemnity paid for grave injuries increased from \$213,777 in 1975 to \$349,203 in 1978, a rise of 63% (Exhibit 2). Although grave injuries represented only 2% of all injuries resulting in claim payments in 1975 and 3% in 1978, claims for these injuries accounted for 16% of total indemnity in 1975 and 22% of total indemnity in 1978. Injuries to infants comprised 17% of all cases where indemnity was paid for grave injuries in 1975 and 32% in 1978. Injuries to infants also accounted for 13% of all cases where indemnity was paid for permanent major injuries (the second most severe injury category) in 1975 and 25% in 1978. In this same period, temporary injuries decreased as percentages of yearly incident and indemnity totals.

Hospitals were reported as the site of injury in 78% of all incidents which resulted in paid claims. However, when classified by type of defendant, 60% of all paid claims involved doctors and 31% hospitals. This indicates that many claims arose from the activities of physicians in hospitals. Indemnity payments for physician defendants amounted to 71% of total reported indemnity, while payments for hospital defendants amounted to 25%. Payments arising from incidents involving other health care professionals and institutions accounted for only 4% of total indemnity. Average indemnity paid for hospital defendants rose 59% between 1976 and 1977, but decreased 5% between 1977 and 1978, while average indemnity paid for physician defendants increased 37% from 1977 to 1978 (Exhibit 3).

The claim reports presented many variations in the medical circumstances surrounding the injuries for which indemnity was sought. However, when the core data was summarized, it showed that 35% of all reported paid claims related to allegations of improperly performed procedures, 27% were associated with diagnostic errors, 10% with drug injuries, 10% with falls, and 15% with other events or combinations of causes. Only 3% of claims originated from anesthesia injuries, but these injuries were associated with 11% of all indemnity (Exhibit 4).

The general categories of procedures most often reported as associated with malpractice claims, and accounting collectively for almost one-half of all incidents and indemnity, were 1) Examinations, including emergency room examinations and other medical examinations, 2) Operations on the female genital system, in particular hysterectomies, tubal ligations, and D&C's, 3) Treatments with drugs, 4) Diagnostic and therapeutic procedures, which include physical therapy, cast immobilizations and blood transfusions, and

## ANNUAL AVERAGE INDEMNITY BY SEVERITY OF INJURY



	Severity of Injury Scale	Examples
Temporary	1) Emotional only	Fright, no physical damage.
	2) Insignificant	Lacerations, contusions, minor scars, rash. No delay.
	3) Minor	Infections, missed fracture, fall in hospital. Recovery delayed.
	4) Major	Burns, surgical material left, drug side effect, brain damage. Recovery delayed.
Permanent	5) Minor	Loss of fingers, loss or damage to organs. Includes nondisabling injuries.
	6) Significant	Deafness, loss of limb, loss of eye, loss of one kidney or lung.
	7) Major	Paraplegia, blindness, loss of two limbs, brain damage.
	8) Grave	Quadraplegia, severe brain damage, lifelong care or fatal prognosis.
	9) Death	

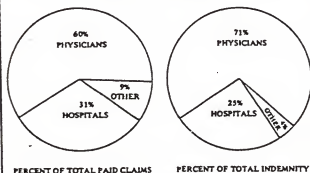
Each block on this graph represents an injury category defined on the claim reporting form. Within each block, the four steps represent average indemnities for each claim closure year, 1975 through 1978.

5) Operations on the musculoskeletal system, in particular reductions of fractures and excisions of intervertebral discs. In Exhibit 5, specific procedures (as contrasted with general categories of procedures) are ranked by association with paid claims.

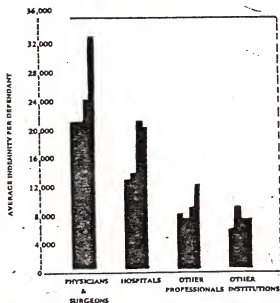
By procedure group, the highest average indemnity payments arose from anesthesia procedures (\$96,822) in particular general anesthesia (\$100,573). Although anesthesia-related claims accounted for only 3% of all paid incidents by count, they accounted for 11% of total indemnity payments, and average indemnity on these cases increased 58% from 1977 to 1978. Approximately one-half of the 640 cardiac arrests reported in connection with paid claims were related to anesthesia. Cardiac arrests accounted for one-third of all anesthesia-related injuries.

EXHIBIT 3

DISTRIBUTION OF CLAIMS BY DEFENDANT FOR ALL YEARS

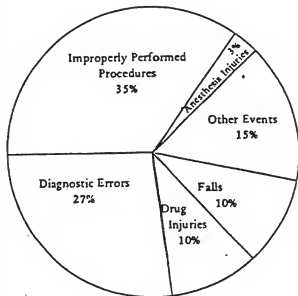


INDEMNITY BY DEFENDANT

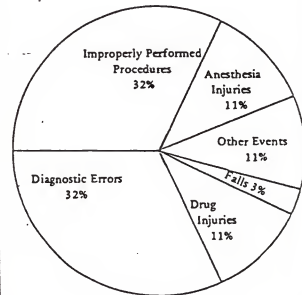


The graph above illustrates changes in average indemnity for each type of defendant over the 3½ years studied. The 4 steps within each block on the graph represent average indemnities for each claim closure year.

DISTRIBUTION OF CLAIMS FOR ALL YEARS BY ALLEGATION



PERCENT OF TOTAL PAID CLAIMS



PERCENT OF TOTAL INDEMNITY

## MOST FREQUENTLY REPORTED PROCEDURES

	Most Frequently Reported Procedures	HICDA Code Range	Incidents		Average Indemnity	Average Severity of Injury
			Total	Paid		
1	Treatment with Drugs	D60.0-D79.9	5687	2786	36,827	5.0
2	Physical Examination	Y00.0-Y00.6, Y00.8-Y01.9	3386	1397	43,616	5.7
3.	Emergency Room Examinations	Y00.7	2394	1002	32,333	5.5
4.	Other X-Ray Procedures	R99.0	2062	971	19,703	4.2
5	Incision, Excision and Suture of Skin, Including Skin Grafts	88.0, 88.3-88.7, 88.9, 89.0 89.2-89.3, 90.2-	2040	964	13,127	3.7
6	Hysterectomy, Abdominal (Total and Subtotal) and Vaginal	68.2-68.4	2055	960	36,036	4.7
7	Closed and Open Reductions of Fractures and Dislocations With or Without Fixation Device, Excluding Facial Fractures	79.0-79.8	2166	828	37,773	4.5
8	Operations on Teeth and Supporting Structures	23.0-23.9, 24.0-24.9	1480	794	7,555	3.3
9	Inhalation and Intravenous Anesthesia Procedures	A168.0-A168.9, A268.0-A268.9	1281	716	100,573	5.7
10	Sterilizations—Male and Female	63.5, 63.6, 66.3, 66.4	1381	647	14,954	3.1
11	Dilation and Curettage and Aspiration Curettage of Uterus	69.0, 69.1	1168	564	26,870	4.0
12	All Types of Monitoring	H93.0-H93.2, H93.6-H93.9	1030	478	101,347	6.9
13	Excision of Intervertebral Disc	80.5	929	400	72,921	5.4
14	Obstetrical Procedures Excluding Caesarean Sections	72.0-72.8, 73.0-73.9, 75.0-75.9	866	380	69,755	4.9
15	Physical Therapy and Rehabilitation	97.6, 97.7	717	358	11,940	3.7
16	Operations on the Biliary Tract Including Exploratory Laparotomy	51.0-51.9	690	347	61,716	5.0
17	Incision, Excision of Abdominal Wall and Peritoneum Including Exploratory Laparotomy	54.0-54.4	708	300	38,889	5.2
18	All types of Herniorrhaphy	53.0-53.9	671	257	33,003	4.8
19	Appendectomy	47.0	605	244	54,379	5.4
20	All types of Caesarean Sections	74.0-74.9	525	236	76,343	5.8
21	Operations on Tonsils and Adenoids	28.0-28.9	338	190	35,102	5.1
22	Insertion of Intra-uterine Device	69.2	444	177	21,191	3.6



Operations on the nervous system resulted in the second most costly claims (\$72,336). Within this group, operations on the spinal cord were most frequently reported and most costly, with an average indemnity of almost \$105,000. Average indemnity paid for injuries from operations on the nervous system increased 168% between 1975 and 1978.

Obstetrical procedures produced the third highest average indemnity by category (\$72,279). Claims reporting low forceps deliveries, though not frequent, usually involved brain-damaged infants, and the resulting indemnities averaged in excess of \$100,000. Average indemnity on obstetrical procedures as a category increased 47% between 1977 and 1978.

Operations on the cardiovascular and respiratory systems, and special hospital procedures also resulted in costly claims. Monitoring procedures, included in the latter group, resulted in claims with an average indemnity of \$101,000.

By specialty, as classified for insurance purposes, the Physician Minor Surgery class accounted for the most paid claims and largest percentage of indemnity paid for physician defendants followed by Physician No Surgery, General Surgery, Surgery Ob/Gyn, Orthopedic Surgery, Anesthesiology, General Practice with Surgery, and Neurosurgery. Collectively, these groups accounted for 83% of all indemnity paid for claims against physicians. In terms of average claim size, Neurosurgeons and Anesthesiologists had the most expensive claims, \$56,065 and \$44,208 (Exhibit 6).

Over the study period, analysis of time elements in the claims process showed an increasing time taken to settle or dispose of claims, (Exhibit 7). Claims closed with payment in 1975 involved incidents which had occurred, on average, 37 months earlier. Claims closed with payment in 1978 involved incidents which had occurred 46 months earlier. Claims closed without payment in 1978 averaged 38 months to reach closure status, an increase of 12 months over 1975. Since this study was terminated in December 1978, and the incidents for which claims were closed in 1978 had occurred, on the average, in 1974-1975 (38-46 months earlier), it is difficult to measure the effect of the legislation passed in 1975 to shorten statutes of limitations.

#### EXHIBIT 7

##### TIME ELEMENTS IN CLAIMS

Closure Year	Incident to Report	Report to Disposition	Total Months to Disposition
PAID CLAIMS			
1975	14	23	37
1978	17	29	46
CLAIMS WITH NO PAYMENT			
1975	12	14	26
1978	17	21	38

This chart summarizes the average months between an incident, the reporting of a claim and disposition of that claim, for claim closures reported in 1975 and 1978.

#### EXHIBIT 6

##### EXPERIENCE BY PHYSICIAN SPECIALTY

ISO Classification	Specialty	Percent of Total Physicians Indemnity	Average Indemnity	Number of Claims
80112	PHYSICIAN, MINOR SURGERY	16	\$21,527	3234
80111	PHYSICIAN, NO SURGERY	13	21,206	2501
80143	GENERAL SURGERY	13	25,449	2245
80153	SURGERY OB/GYN	13	27,429	2011
80154	ORTHOPEDIC SURGERY	9	20,526	1343
80151	ANESTHESIOLOGY	9	44,208	839
80113	GENERAL PRACTICE WITH SURGERY	5	18,103	1141
80152	NEUROSURGERY	5	56,065	347

Claim dispositions reported as resulting from court actions also increased over the course of this study. In 1975, only 7% of all medical malpractice claims were disposed of in courts of law. That percentage increased each year through 1978 when 18% of all claims were resolved by litigation. In addition, almost half of all reported settlements were reached after a suit had been filed or a trial was underway. The percentage of claims against physicians resolved by the court process was

higher than the percentage of claims against hospitals. The success of the defendant in court also increased over the course of the study. Defendants won 8 of each 10 court cases reported in 1975 and 9 of each 10 reported in 1978. The lengthened claim disposition times, as noted in the paragraph above, made it difficult to evaluate the impact of legislation (which established review panels in many states during 1975) on the number of cases directed to the courts.

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## Specific Procedure Analyses

The following analyses of specific procedures were produced from the NAIC data, at the request of the Council of Medical Specialty Societies. The analyses enumerate specific injuries associated with representative particular procedures of the various specialties.

### Orthopaedic Surgeons Pediatrics

*Analysis for 79.0 - Closed Reduction Without  
Internal Fixation With Application of Cast*

Total Cases - 451

Injuries	Cases
1. Late Effect of Fractures (Malunion, Nonunion)	247
2. Acquired Musculoskeletal Deformities	86
3. Impairment of Neuromusculoskeletal Function	70
4. Misdiagnosis	56
5. Gangrene	28
6. Below-knee Amputations	22
7. Scars	19
8. Above-knee Amputations	15
9. Volkmann's Ischemic Contractures	14
10. Nerve Injuries	14
11. Osteomyelitis	12
12. Amputations Other Than Leg	11
13. Anesthetic Injuries	11
14. Post-traumatic Wound Infection	9
15. Peripheral Neuropathy - Any Nerve	8
16. Post-operative Wound Infections	8
17. Artery Injuries	8
18. Osteoporosis and Bone Atrophy	5
19. Decubitus Ulcers	5
20. Accidental Fall During Hospital Stay	5

*Other injuries with 1 or 2 occurrences:*

Venous (Peripheral) Insufficiency, Aseptic Necrosis of Bone, Phlebitis and Thrombophlebitis, Bacterial Diseases, Motor Neuron Disease, Embolisms, Contractures and Deformities, Injury of Tendons, Resulting Dislocation, Ankylosis of Joint, Shock, Acute Arthritis, Post-operative Hemorrhage, Musculoskeletal Injuries of Knee and Leg, Hepatitis, Internal Derangement of Joint, Pulmonary Complications, Abnormal Vascular Signs, Limitation of Motion, Difficulty in Walking, Pain in Limb, Synovitis of Joint, Paresthesia, Open Wounds.

### Psychiatry

*Analysis for D70.0, D70.1 and D70.9 -  
Administration of Psychotropic Drugs*

Total Cases - 204

Injuries	Cases
1. Adverse Effect, Unspecified	72
2. Adverse Effect, Overdose	44
3. Adverse Effect, Improper Route of Administration	32
4. Adverse Effect, Allergic Reaction	25
5. Nerve Injuries	18
6. Misdiagnosis	16
7. Adverse Drug, Wrong Drug Chosen by Physician	14
8. Adverse Effect, Adverse Interaction with Other Drug	11
9. Cardiac Arrest	9
10. Brain Damage	8
11. Superficial Injuries to Skin and Subcutaneous Tissue	8
12. Thrombophlebitis	8
13. Adverse Effect, Improper Route of Administration	7
14. Suicide	7
15. Accidental Falls	7
16. Acquired Musculoskeletal Deformities	7
17. Diseases of Liver	5

*Other injuries with 1, 2, or 3 occurrences:*

Drug Given to Wrong Patient, Prescription Error, CVA with Paralysis, Paranoid States, Dependence on Tranquilizers, Myocardial Infarction, Scars, Embolism, Rash, Paralysis, Hemorrhage, Aspiration Pneumonia, Disturbance of Speech, Bradycardia, Respiratory Arrest, Encephalitis, Kidney Failure, Peripheral Neuropathy, Subdural Hemorrhage, Hypotension, Fractures After Falls, Prenatal Complications, Artery Injuries, Congestion of Lung, Indigestion, Cellulitis, Disturbance of Skin Sensation, Tetanus, Disturbance of Coordination, Coma.

## Analysis for 51.1 - Colecystectomy

Total Cases - 327

Injuries	Cases
1. Foreign Body Left in Operative Wound	92
2. Puncture or Laceration of Intra-abdominal Organs	59
3. Misdiagnosis	53
4. Post-operative Wound Infection	24
5. Anesthetic Injuries	18
6. Post-operative Hemorrhage or Hematomas	18
7. Peritonitis or Adhesions	17
8. Other Types of Infection Such as Bacteremia and Septicemia	16
9. Nerve Injuries	15
10. Post-operative Fistulas	12
11. Disruption of Operative Wound	8
12. Burns	8
13. Obstruction of Bile Duct	8
14. Complications for Nonabsorbable Surgical Material	8
15. Artery Injuries	6
16. Renal Failure	6
17. Embolism	6
18. Shock	5
19. Postcholecystectomy Syndrome	5
20. Pulmonary Collapse and Other Lung Complications	5
21. Jaundice	5
22. Puncture or Laceration of GI Organs	4
23. Puncture or Laceration of Other Organs	4
24. Puncture or Laceration of Pelvic Organs	3
25. Transfusion Reactions	3
26. Serum Hepatitis	3
27. Ventral Hernia	3

## Other Injuries with 1 or 2 occurrences:

Complications of Internal Anastomosis, Acute Cholangitis, Gangrene, Hepatic Failure, Necrosis of Liver, Scars, Congestive Heart Failure, Gangrene of Intestines, Congestion of Kidney, Intestinal Obstruction, Fever of Unknown Origin, Upper Respiratory Tract Infections, Abscess of Trunk and Upper Arm, Fracture of Rib, Myocardial Infarction, Colostomy Status, Malaise and Fatigue, Anemia, Hiatal Hernia, and Tracheostomy Status.

## Allergy

## Analysis for Y82.0 - Desensitization to Allergies

Total Cases - 11

Injuries	Cases
1. Anaphylactic Shock	6
2. Patients Expiring	5
1 - Cardiac Arrest	
1 Allergic Reaction to Medication and Shock	
1 Other Serum Reaction	
1 Anaphylactic Shock	
1 Unknown	
3. Other Serum Reaction	3

## Plastic and Reconstructive Surgery

## Analysis for 23.0 - Rhinoplasty and Plastic

Operations - Rhinose

Total Cases - 89

Injuries	Cases
1. Abscess, Necrosis, Ulcer (Septum) of Nose	26
2. Cicatrix or Scar	15
3. Deviated Nasal Septum	12
4. Superficial Injury of Face, Neck or Scalp	8
5. Post-operative Wound Infection	6
6. Acquired Musculoskeletal Deformity of Nose	5
7. Misdiagnosis (Diabetes Complication, Malignant Neoplasm of Nose)	4
8. Other Dermatitis	4
9. Foreign Body Left in Operative Wound	4
10. Post-operative Hemorrhage	3
11. Dyspnea	3

## Other injuries with 1 or 2 occurrences:

Other Hypertrophic and Atrophic Conditions of Skin, Disturbances of Skin Sensations, Fracture of Nasal Bones, Neurosis and Adjustment Reactions, Vertigo.

## Internal Medicine

## Analysis for 94.7 - Blood Transfusions

Total Cases - 218

Injuries	Cases
1. Serum Hepatitis	129
2. Transfusion Reaction (Incompatibility)	82
3. Infection or Sepsis Due to Transfusion	25
4. Misdiagnosis	13
5. Acute or Chronic Kidney Failure	10
6. Brain Damage	4
7. Mental Retardation	4
8. Cardiac Arrest	4
9. Shock	4
10. Hemorrhage	4
11. Pulmonary Emboli	3
12. Congestive Heart Failure	3
13. Complications from Intravenous Catheter Device	3
14. RH Iso-immunization	3

## Other injuries with 1 or 2 occurrences:

Artery Injuries, Disseminated Intravascular Coagulopathy, Gastroenteritis, Anemia, Other Renal Disease, Nerve Injuries, Disturbances of Skin Sensation, Asphyxia, Superficial Injuries to Skin, Toxic Hepatitis, Dyspnea, Injury to Blood Vessel of Abdomen, Partial Deafness of Infant, Mother with Kidney Failure Having Stillbirth, Muscle Cramps, Congestion of Lung, Anesthesia Injuries, Disorders of Heart Rhythm, Cerebrovascular Accidents, Amputation Arm Above Elbow, Infants Having RH Iso-immunization, Impairment of Neuro-musculoskeletal Function of Upper Arm, Fever of Unknown Origin, Hypovolemic Shock, Convulsions, and Rash.



Obstetrics and Gynecology  
Family Practice

Analysis for 68.2 and 68.3 - Total and Subtotal  
Abdominal Hysterectomy

Total Cases - 746

Injuries	Cases
1. Puncture or Laceration of Pelvic Organs	163
2. Post-operative Fistulas	129
3. Foreign Body Left in Operative Wound	90
4. Misdiagnosis	71
5. Post-operative Wound Infections	55
6. Anesthetic Injuries	54
7. Peritonitis	37
8. Puncture or Laceration of GI Tract	37
9. Complications from Nonabsorbable Surgical Material	32
10. Nerve Injuries	31
11. Post-operative Hemorrhage or Hematomas	26
12. Gastrointestinal Disturbances	25
13. Bacterial Disease	19
14. Obstruction of Ureter	15
15. Absence of Other Organs as Result of Complications	15
16. Artery Injuries	14
17. Undesired Sterility	13
18. Disruption of Operative Wound	11
19. Pulmonary Embolism	11
20. Shock	10
21. Burns	10
22. Urinary Incontinence	9
23. Pelvic Inflammatory Disease	8
24. Kidney Failure	6
25. Congestive Heart Failure	6
26. Pneumonia	5
27. Thrombophlebitis	5
28. End-result Colostomy	5

Other injuries with 1 or 2 occurrences:

Gangrene, Paralysis, End-result Amputation, Embolism in Extremities, Renal Disease, Urinary Tract Infection, Cystitis, Stricture of Urethra, Disease of Liver, Tracheostomy with Partial Absence of Colon, Injury to Kidney, Acute Pulmonary Edema and Hypostatic Pneumonia.

Emergency Medicine  
Dermatology

Analysis for 89.0 - Suture of Skin and  
Subcutaneous Tissue

Total Cases - 400

Injuries	Cases
1. Misdiagnosis of Complicated (Foreign Body or Primary Infection) Open Wound	122
2. Late Effect of an Open Wound	99
3. Impairment of Neuromusculoskeletal Function	66
4. Misdiagnosis of a Muscle or Tendon Injury	53
5. Foreign Body Granuloma of Skin	52
6. Late Effect of a Muscle or Tendon Injury	35

7. Post-operative Wound Infection	30
8. Post-traumatic Wound Infection	26
9. Scars	23
10. Complicated Open Wound - Present After Surgery	22
11. Misdiagnosis of Open Wound	19
12. Nerve Injuries	16
13. Peripheral Neuropathy	14
14. Misdiagnosis of Fracture	12
15. Gangrene	12
16. Misdiagnosis, Other Than Above	11
17. Amputation of Finger	9
18. Acquired Musculoskeletal Deformities	7
19. Amputations of Leg	6
20. Gas Gangrene	5
21. Keloid Scars	5
22. Pain in Limb	4
23. Cellulitis and Abscess	4

Other injuries with 1, 2, or 3 occurrences:

Misdiagnosis of Open Intracranial Wound, Brain Damage, Post-operative Fistula, Amputation of Both Legs, Amputation of Arm, Ankylosis of Joints, Infective Myositis, Amputation of Thumb, Tetanus, Lacerations of Tendon, Anesthetic Injuries, Laceration of Nerve, Late Effect of Nerve Injuries, Late Effect of Fractures, Contracture of Tendon, Superficial Injuries, Muscle Cramp, Disturbance of Sensation, Osteomyelitis, Artery Injuries, Local Infections of Skin, Thrombophlebitis, Synovitis or Bursitis, and Accidental Falls.

Colon and Rectal Surgery

Analysis for 45.5 - Subtotal Resection of  
Large Intestine

Total Cases - 59

Injuries	Cases
1. Foreign Body Left in Operative Wound	22
2. Post-operative Fistula	12
3. Misdiagnosis	11
4. Puncture or Laceration of Gastrointestinal Tract	8
5. Peritonitis	6
6. Post-operative Wound Infection	4
7. Colostomy Status	4
8. Renal Failure	3
9. Complications of Internal Anastomosis	3
10. Anesthetic Injuries	3

Other injuries with 1 or 2 occurrences:

Spontaneous Pneumothorax, Post-operative Shock, Pulmonary Emboli, Septicemia, Intestinal Obstruction, Gangrene of Intestine, Obstruction of Ureter, Other Renal Disease, Ileostomy Status, Disruption of Operative Wound, Ventral Hernias, Nerve Injuries, Serum Hepatitis, Pelvic Inflammatory Disease, Injury to Kidney, Metastases Developed, Fall During Hospital Stay Causing Fracture of Facial Bones, Dyspareunia, Gastrointestinal Bleeding, Adverse Effects of Drugs.

Neurology

*Analysis for 98.0 - Encephalography and Ventriculography*

Total Cases - 5

*Injuries*

1. Infant delivered vaginally apparently should have had a Cesarean Section. The infant was born with brain damage and hydrocephalus.
2. The encephalography was misinterpreted so a malignant neoplasm was misdiagnosed.
3. The encephalography was misinterpreted so an intracranial injury was misdiagnosed resulting in unspecified blindness.
4. The patient has an abnormal encephalography and the patient had hemiplegia.
5. Patient developed a disease of the optic nerve.

Neurological Surgery

*Analysis for 80.5 - Excision of Intervertebral Disc*

Total Cases - 400

*Injuries*

Injuries	Cases
1. Post-laminectomy Syndrome	51
2. Accidental Puncture or Laceration	49
3. Foreign Body Left in Operative Site	49
4. Misdiagnosis	48
5. Nerve Injuries	47
6. Need for Further or Repeat Surgery	34
7. Acquired Musculoskeletal Deformities	31
8. Impairment of Neuromusculoskeletal Function	26
9. Post-operative Wound Infection	25
10. Anesthetic Injuries	24
11. Artery Injuries	23
12. Spinal Cord Lesion without Evidence of Vertebral Injury	19
13. Quadriplegia	17
14. Musculoskeletal Injuries of Back	17
15. Paraplegia	16
16. Meningitis	15
17. Diseases of Spinal and Peripheral Nerves	12
18. Bacterial Infections	12
19. Other and Unspecified Paralysis	9
20. Postoperative Hemorrhage or Hematoma	8
21. Burns	7
22. Impotence	7
23. Hemiplegia	6
24. Gas Embolism	6
25. Contusions	5
26. Post-operative Fistulas	5
27. Urinary Incontinence	5
28. Monoplegia	5

*Injuries with 4 or less occurrences:*

Injury to Gastrointestinal Tract, Complications of Other Grafting Procedures, Dislocation, Instability of Joint, Dysuria, Pulmonary Emboli, Shock, Fracture of Verte-

bral Column, Injury to Intrathoracic Organ, Intraspinal Abscess, Incontinence of Feces, Cicatrix or Scar, Injury to Pelvic Organs, Osteomyelitis, Thrombophlebitis, Spontaneous Pneumothorax, Complications from Nonabsorbable Materials, Disturbances of Skin Sensation, Neurogenic Bladder Dysfunction, Cystitis, Continuing Back Pain, and Accidental Falls During Hospital Stay.

Ophthalmology

*Analysis for 15.4 - Intracapsular Extraction of Lens*

Total Cases - 90

*Injuries*

Injuries	Cases
1. Blindness, One Eye, Not Specifically Defined	36
2. Blindness, One Eye, Specifically Defined	19
3. Post-operative Wound Infection	16
4. Absence of Eye	9
5. Post-operative Hemorrhage	7
6. Contusion of Eye or Orbit	6
7. Detachment of Retina	5
8. Misdiagnosis (Benign Neoplasm of Eye, Glaucomas)	5
9. Blindness, Unspecified	3
10. Disturbance of Vision, Not Elsewhere Classified	3
11. Accidental Puncture or Laceration	3
12. Anesthetic Injuries	3
13. Open Wound of Eye or Orbit	3

*Other injuries with 1 or 2 occurrences:*

Other and Unspecified Inflammation of Uveal Tract, Vascular Lesions of Retina, Other Inflammatory Diseases of Eye, Infections and Bacterial Diseases, Burns, Need To Do Further Surgery, Other Diseases of Iris, Foreign Body in Eye or Adnexa, Keratitis, Secondary Membrane or Sommering's Ring, Vesicles or Bullae, Adverse Effect of Other Electrolytic, Caloric and Water Balance Agents, Overdose of Anticoagulants, Malfunction of a Prosthetic Device, Uveitis (Sympathetic), Adverse Effect from Antibiotic Diseases of Eyelid, Blurred Vision and Conjunctivitis.

Anesthesiology

*Analysis for A168.1 - Inhalation of Anesthetic Gas*

Total Cases - 541

*Injuries*

Injuries	Cases
1. Cardiac Arrest & Brain Damage	200
2. Broken Teeth	200
3. Injury to Intrathoracic Organs (Excluding Heart & Lung)	25

4. Toxic Hepatitis	25
5. Superficial Injuries of Skin	11
6. Aspiration Pneumonia with Foreign Body in Bronchus or Lung	10
7. Asphyxia	9
8. Postoperative Wound Infection	8
9. Myocardial Infarction	8
10. Respiratory Arrest	7
11. Serum Hepatitis	6
12. Cerebral Paralysis	6
13. Nerve Injuries	5
14. Other Diseases of Lung	5
15. Kidney Failure	5

*Other injuries with less than 4 occurrences:*

Foreign Body in Pharynx and Larynx, Scars or Cicatrix, Spontaneous Pneumothorax, Injury to GI Organ, CVA with Paralysis, Cerebral Palsy, Mental Retardation, etc., after Mother's C-Sections, Injury of Lung, Fever of Unknown Origin, Blindness, Hepatic Failure, Burns, Abscess of Lung, Comas, Hemorrhage, Pulmonary Emboli & Shock.

**Urology**

*Analysis for 60.2 - Prostatectomy, Transurethral*

Total Cases - 94

<i>Injuries</i>	<i>Cases</i>
1. Puncture or Laceration of Pelvic Organs	23
2. Burns	15
3. Urinary Incontinence	13
4. Misdiagnosis	6
5. Anesthetic Injuries	6
6. Foreign Body Left in Operative Site	5
7. Other Symptoms of Male Genital Organs	4
8. Impotence	4
9. Puncture or Laceration of GI Tract	3
10. Sterility	3
11. Post-operative Hemorrhage	3
12. Neuroses	3

*Other injuries with 1 or 2 occurrences:*

Renal Failure, Bacteremia, Peritonitis, Enuresis, Misdiagnosis of a Cardiac Condition, Surgery Lead to MI, Colostomy Stans, Fistulas, Other Diseases of Male Genital Organs, Abnormal Posture, Post-operative Wound Infection, Orchitis and Epididymitis, Nerve Injuries, Erythema Multiforme, Retention of Urine, Stricture of Urethra, Serum Hepatitis, Urinary Tract Infection, Hematuria, Misdiagnosis of Circulatory Disease After Surgery Lead to Amputation of Leg, Above Knee, Unspecified Mental Disorder Associated with Drug and Chemicals, Gangrene Led to Amputation of Leg, Above Knee, Complications of Nonabsorbable Surgical Material, Fall During Hospital Stay, and Other Diseases of Urethra.

**Thoracic Surgery**

*Analysis for 31.1 - Temporary Tracheostomy*

Total Cases - 52

<i>Injuries</i>	<i>Cases</i>
1. Respiratory Arrest	12
2. Misdiagnosis	12
3. Cardiac Arrest	11
4. Stomal Complication	4
5. Brain Damage	4
6. Respiratory Insufficiency	3
7. Artery Injuries	3
8. Post-operative Hemorrhage	3
9. Puncture or Laceration of Intrathoracic Organs	3
10. Cicatrix or Scars	3

*Other injuries with 1 or 2 occurrences:*

Cerebral Palsy, Hemiplegia, Post-operative Fistula, Influenza, Edema or Larynx, Asphyxia, Pulmonary Collapse, Enterostomy Complication, Anesthetic Injuries, Bradycardia, Burns, Disorders of Voice, Adverse Effect of Sympathomimetics, Coagulative Heart Failure, Other Diseases of Larynx, Injury to Spleen, Asphyxiation and Strangulation, Stammering, Stuttering and Other Speech Disturbances, Musculoskeletal Injury of Ribs and Sternum, and Diseases of Bronchus and Trachea.

**Radiology**

**Nuclear Medicine**

*Analysis for 97.0 and 97.1 - Beam Radiation Therapy and Radium or Radioisotope Therapy*

Total Cases - 115

<i>Injuries</i>	<i>Cases</i>
1. Adverse Effects of External Radiation	91
2. Burns	33
3. Adverse Effect of Internal Radiotherapy	12
4. Sterility	9
5. Misdiagnosis	8
6. Paralysis	7
7. Accidental Falls	7
8. Carcinoma of Thyroid	5
9. Myelitis	4
10. Gangrene	4
11. Resulting Fractures from Falls	4

*Other injuries with 1, 2, or 3 occurrences:*

Colostomy Stans, Artificial Opening of Urinary Tract, Impairment of Hearing, Injury of GI Tract, Rectovaginal Fistula, Abdominal Pain, Blindness, Tracheostomy Status, Osteomyelitis, Chronic Fibrosis of Lung, Toxic Nephropathy, Pelvic Inflammatory Disease, Infective and Parasitic Disease, Decubitus Ulcer, Pneumonia, Prenatal Complications, Disease of Esophagus, Disturbance of Speech, Hemoptysis, Encephalomalacia, Impotence, Syncope, Atrophy of Testicle, Urinary Incontinence, Injury to Pelvic Organs, Gastroenteritis, Proctitis, Foreign Body Left at Radiation Site, Keloid Scar, Disruption of Ossicular Chain, Musculoskeletal Deformities, Nerve Injuries, Eczema Due to Radiation, Scars.

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